



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES
Request for Special Medical Examination

REQUESTING DEPARTMENT

Request sent by: Electronic Mail _____ Inter-Office Mail _____ Fax _____ Other _____

Authorization is requested to schedule a medical exam to determine if the employee indicated below can perform the essential functions/duties of his/her position.

<hr/> <p style="text-align: center;">Name</p>	<hr/> <p style="text-align: center;">Social Security Number</p>	
<hr/> <p style="text-align: center;">Classification/Grade</p>	Current Status: <input type="checkbox"/> Regular Duty <input type="checkbox"/> TTD <input type="checkbox"/> Modified Duty <input type="checkbox"/> Service Retired	Reason for request: <input type="checkbox"/> P & S Determination <input type="checkbox"/> Employee has filed for Disability Retirement <input type="checkbox"/> Department has noticed a medical condition <input type="checkbox"/> Other _____

Department Contact: _____ Phone Number _____

HUMAN RESOURCES DEPARTMENT

Personnel Operations Review	Employee is: _____ Vested _____ Not Vested
Job Analysis: ____ Complete and current ____ Complete but needs review ____ Required	PERS List: Years of Services _____ as of _____

____ Personnel Analyst	____ Manager	____ Director of Human Resources or Designee	____ Date
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Job Analysis (Required)

Ordered By: _____

Consultant/Company: _____

Spoke to: _____

Comments: _____

REQUESTING DEPARTMENT

Medical Examination: Date _____ Time _____

cc: Department Medical File Employee's Medical File	Approved Form Distribution Originating Department Medical File Employee's Medical File Occupational Health	Injured Worker Coordinator Personnel Analyst Worker's Compensation (Yes No)
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